Use form for review of a new or revised SOP, validation plan or results, QA study or any other document requiring the QA Director's signature. Submitted to QA by: ☐ New SOP ☐ Major SOP Revision ☐ Validation plan ☐ Other: Version #: **SOP #: Document title:** If this is a revision to a document, describe revisions below, indicate page number and section: **Division Director / date:** Approved as written Not approved as written, comments for QA's consideration: Below for QA Use ONLY Date received by QA: \_\_\_\_\_ Date: QA Reviewer: \_\_\_\_ Approved as submitted \_\_\_\_ Not approved as written, see comments below and resubmit Date resubmitted to QA: QA Reviewer: Date: \_\_\_\_\_ \_\_\_\_ Approved as submitted \_\_\_\_ Not approved as written, see comments below and resubmit

**In Process Review Form** (Use this form before the final approval is received)